

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2008 8:00 am**  
**Secretary of State**

06-13-2008 90002 016 \*\*\*150.00

**DOCUMENT # P03000092920**

1. Entity Name  
**MAYSEL CORREA P.A.C., P.A.**



Principal Place of Business  
**11820 NW 40TH PLACE  
SUNRISE, FL 33323**

Mailing Address  
**11820 NW 40TH PLACE  
SUNRISE, FL 33323**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2500 HOLLYWOOD BLVD  
SUITE 406**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06032008 Chg-P CR2E034 (12/06)

City & State

**HOLLYWOOD FL**

4. FEI Number  
**20-0962961**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33020**

**BROWARD**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORREA, MAYSEL  
11820 NW 40TH PLACE  
SUNRISE, FL 33323**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/4/08**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CORREA, MAYSEL  
11820 NW 40TH PLACE  
SUNRISE, FL 33323**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/4/08**